

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER		3	3-25-99
FORMALITY REVIEW	DKL	70276	3-29-99
	AKC	70278	5-26-99

INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral)... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(1 FEET INSIDE)

AVAILABLE COPY